

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

10/009477

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.
1	1		1				51							
2		1					52							
3		2					53							
4		2					54							
5		2					55							
6		2					56							
7		2					57							
8		2					58							
9		2					59							
10		2					60							
11		2					61							
12		2					62							
13		2					63							
14		2					64							
15		2					65							
16		2					66							
17		2					67							
18		2					68							
19		2					69							
20		2					70							
21		2					71							
22		2					72							
23		2					73							
24		2					74							
25		2					75							
26		2					76							
27		2					77							
28		2					78							
29		2					79							
30		2					80							
31		2					81							
32		2					82							
33		2					83							
34		2					84							
35		2					85							
36		2					86							
37		2					87							
38		2					88							
39		2					89							
40		2					90							
41		2					91							
42		2					92							
43		2					93							
44		2					94							
45		2					95							
46		2					96							
47		2					97							
48		2					98							
49		2					99							
50		2					100							
TOTAL IND.	1		1				TOTAL IND.							
TOTAL DEP.		2		2			TOTAL DEP.							
TOTAL CLAIMS	1	2	1	2			TOTAL CLAIMS							